

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 430156.402USPC
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/535,231		Filed July 24, 2006
For A PHARMACEUTICAL COMPOSITION COMPRISING AN IMMUNOGLOBULIN FC REGION AS A CARRIER		
Art Unit 1644	Examiner Ilia I. Ouspenski	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration No. 44,614

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____.

<u>/William T. Christiansen/</u>	March 13, 2009
<u>Signature</u>	Date
<u>William T. Christiansen, Ph.D.</u>	206-622-4900
<u>Typed or printed name</u>	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.